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In September 2004, Canada's First Ministers asked Health Ministers to establish a Ministerial Task Force to develop a National Pharmaceuticals Strategy as part of the 2004 Health Accord. B.C. Health Minister George Abbott is co-chair of the Ministerial Task Force.

On September 21, 2006, the National Pharmaceuticals Strategy Progress Report was released to the public.

The report provides recommendations to implement a multi-year strategy to improve access to drug therapies, help ensure the affordability of prescription drugs and work towards sustainability of the public health care system.

The report also addresses challenges and opportunities in five priority areas: catastrophic drug coverage, expensive drugs for rare diseases, common national formulary, drug pricing and purchasing strategies, and real world drug safety and effectiveness.

The next phase of the National Pharmaceuticals Strategy will see further opportunities for stakeholder engagement, as well as ongoing dialogue among governments. Appropriate and targeted consultation with stakeholders will be a critical success factor in the further development and successful implementation of the National Pharmaceuticals Strategy.

The full National Pharmaceuticals Strategy Progress Report is available online at www.nps-snpp.ca.

The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

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When there is more than one drug with the same active ingredient, PharmaCare may create a category within the Low Cost Alternative (LCA) Program. The drugs within each category are usually of the same strength but may not be of the same dosage form. PharmaCare reviews the drugs in the category and, using the data on the lowest average PharmaCare **claimed** price, identifies the product(s) that provide the best value. Coverage of all other drugs within the category are limited to the lowest average **claimed** price for that category (based on the costs submitted to PharmaCare by pharmacies)—known as the "LCA price."

Understanding LCA Pricing and Benefit Status

The LCA price is set at the cost of the drug with the lowest average PharmaCare claimed price of all the drugs within an LCA category. Although many products have identical manufacturer list prices, the drug price on claims submitted to PharmaCare can vary significantly. Because the LCA price is based on PharmaCare reimbursement data, drugs with the same list price do not automatically have the same LCA benefit status.

The product(s) that determine the LCA price—and any other products that fall within 1% of that price—are designated as full benefits under LCA. The remaining products in the category are partial benefits.

Adjudication of Claims for LCA Drugs

When a patient presents a prescription for an LCA drug, they can choose to purchase either:

- A **full benefit** drug from the category---this drug will be fully covered according to the usual rules of their PharmaCare plan.

  Claims for drugs designated as full benefits adjudicate at the Actual Acquisition Cost (AAC)[1].

- A **partial benefit** drug from the category---this drug is eligible for partial coverage up to the LCA price for the category. If they choose to purchase the partial benefit, they will be required to pay the difference between the total drug cost and the LCA price. Only the amounts up to the LCA price will be eligible for reimbursement and only that amount would count towards their deductible or annual maximum.

  If the patient's prescription is for an LCA drug designated as a partial benefit, the patient should be made aware that a full benefit product containing the same active ingredient is available.

[1] If the Actual Acquisition Cost submitted is more than the maximum price recorded in PharmaNet (manufacturer's list price plus 7 per cent), the claim will be reduced to the maximum price and the patient must pay the difference.

LCA Special Authorities

If a patient experiences an allergic reaction to a non-drug ingredient in a low cost alternative drug, their physician can submit a Special Authority request asking for full coverage of an LCA drug that would otherwise be eligible only for partial coverage. The request must include the medical reason for the request in sufficient detail. Each request is considered individually.

Shortages of Full Benefit LCA Drugs

From time to time, there is a manufacturer shortage of all full benefits of a particular dosage form (i.e., tablets or chewable tablets) and strength within an LCA category. If your stock of an LCA full benefit is depleted:

- Refer to the LCA/RDP Booklet (www.health.gov.bc.ca/pharme/lca/lcabooklets.html) to see if there is another full benefit product of the same dosage form and strength that your pharmacy could dispense.
- If no other full benefits are listed and PharmaCare confirms there is a manufacturer shortage (rather than a drug wholesaler shortage), PharmaCare Information Support at Health Insurance BC will adjust PharmaNet to allow pharmacies to dispense another product in the category as a full benefit for the duration of the shortage.
- Only the alternate product selected by PharmaCare will adjudicate as a full benefit.
- When the shortage ends, PharmaNet will be updated to permit full coverage only of the original full benefit product(s).

Cautionary Note re LCA Program and Interchangeability

When a generic drug receives a Notice of Compliance from Health Canada, it may be eligible for the PharmaCare LCA Program. The LCA Program does not determine the interchangeability of products; it only specifies the amount PharmaCare will cover.

Notice of Price Changes to LCA Products

As communicated in the previous edition of this newsletter, PharmaCare undertakes to give 30 days notice to all pharmacies before implementing LCA/RDP Booklet changes—including changes to the LCA price or LCA benefit status of a drug. The intent is to provide pharmacies with enough lead time to manage any inventory issues.

PharmaCare receives a considerable volume of product and price change notices which must be processed. It may appear that we are not reacting promptly to the changes, however, in order to honour our agreement to give sufficient notice, LCA/RDP Booklet changes are announced in the PharmaCare Newsletter 30 days before being implemented.

Under the Reference Drug Program (RDP), PharmaCare coverage is based on the cost of a reference drug (or drugs) in a therapeutic category. The reference drug(s) are those considered to be equally effective and the most cost effective in a therapeutic category.

As with the LCA Program, patients can choose to obtain either:

- The reference drug, such as cimetidine, which will be fully covered according to the usual rules of their PharmaCare plan.

  The full benefit reference drug adjudicates at Actual Acquisition Cost[2] (or, if applicable, the LCA price).

- Another drug within the therapeutic category, such as ranitidine, which is eligible for only partial coverage up to the cost of the RDP price for that category.

  If an RDP Special Authority is in place for a patient, the drug adjudicates in the same manner as a full benefit reference drug, as noted above.

RDP Special Authorities

Large studies of comparative therapeutic effectiveness predict how most patients will respond to a drug but cannot predict how an individual patient will respond. To accommodate this clinical reality, the PharmaCare Special Authority process provides access to drugs, where appropriate, based on the needs of a specific patient.

An RDP Special Authority grants full coverage to an RDP drug that would otherwise be eligible only for partial coverage. The criteria for Special Authority approval for each RDP drug is published on the PharmaCare website at www.health.gov.bc.ca/pharme/sa/criteria/rdpcategoriesindex.html.

The number of Special Services fees paid by PharmaCare over the past twelve months are:

DATE	NO. OF FEES	DATE	NO. OF FEES
Oct 2006	3,715	Apr 2006	2,761
Sep 2006	3,505	Mar 2006	2,881
Aug 2006	3,361	Feb 2006	2,328
Jul 2006	3,038	Jan 2006	2,601
Jun 2006	3,273	Dec 2005	3,957
May 2006	3,255	Nov 2005	3,775

[2] If the Actual Acquisition Cost submitted is more than the maximum price recorded in PharmaNet (manufacturer's list price plus 7 per cent), the claim will be reduced to the maximum price and the patient must pay the difference.

Price/Benefit Status Changes

The current August 17, 2006, LCA/RDP Booklet should have contained the following information. As a result, effective **immediately**, the following LCA categories have been revised:

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
	CLOZAPINE TAB 25MG		
2248034	APO-CLOZAPINE		No change
2247243	GEN-CLOZAPINE		F
894737	CLOZARIL	No change	No change
	CLOZAPINE TAB 100MG		
2248035	APO-CLOZAPINE		No change
2247244	GEN-CLOZAPINE		F
894745	CLOZARIL	No change	No change
	DIAZEPAM TAB 10MG		
405337	APO-DIAZEPAM		F
434388	DIAZEPAM10		F
	METHOTREXATE INJ 25MG/ML		
2099705	METHOTREXATE NA IM IV		No change
2182777	METHOTREXATE INJ WP		F
2182955	METHOREXATE INJ	No change	No change
2182971	METHOTREXATE INJECTION-LIQ IV	No change	No change
	MORPHINE SYR 5MG/ML		
607770	RATIO-MORPHINE		F
514217	MOS	0.0800	No change
591475	STATEX	0.0800	No change

P — Partially covered. F — Fully covered.

Category Changes

The following LCA category appeared in the LCA Booklet in **error** and has been removed from the booklet effective **immediately**.

	IPRATROPIUM NAS SPR 30MCG/DOSE
2246083	APO-IPRAVENT 0.03%
2239627	PMS-IPRATROPIUM 0.03%
2163705	ATROVENT 21mcg/ae

P — Partially covered. P* — Drug is a full benefit if an RDP Special Authority is in place at the time the prescription is filled.

Effective **immediately**, the following LCA categories will be removed from the LCA Program as there is only one product in the category.

CATEGORY
CYCLOSPORINE SOLUTION 100MG/ML
PROCHLORPERAZINE INJ 5MG/ML
CHOLESTYRAMINE LIGHT PWR
CHOLESTYRAMINE REG PWR

Price/Benefit Status Updates

Effective **December 11, 2006**, the following LCA categories have been revised.

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
	AZITHROMYCIN TAB 250MG		
2278359	GEN-AZITHROMYCIN		F
2261634	PMS-AZITHROMYCIN		no change
2275287	RATIO-AZITHROMYCIN		no change
2247423	APO-AZITHROMYCIN		no change
2255340	CO AZITHROMYCIN		no change
2267845	NOVO-AZITHROMYCIN		no change
2265826	SANDOZ AZITHROMYCIN		no change
2212021	ZITHROMAX	3.2258	no change
	BUPROPION HCL TAB 150MG *		
2260239	NOVO-BUPROPION SR		no change
2275082	SANDOZ-BUPROPION SR		F
2237825	WELLBUTRIN SR	0.5231	no change
	CILAZAPRIL TAB 1MG		
2266350	NOVO-CILAZAPRIL		no change
2280442	PMS-CILAZAPRIL		F
2283778	GEN-CILAZAPRIL	0.3858	P
1911465	INHIBACE	0.3858	no change
	CILAZAPRIL TAB 2.5MG		
2266369	NOVO-CILAZAPRIL		no change
2280450	PMS-CILAZAPRIL		F
2283786	GEN-CILAZAPRIL	0.4446	P
1911473	INHIBACE	0.4446	no change

P — Partially covered. F — Fully covered.
* — Requires Special Authority.

Price/Benefit Status Updates, continued

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
	CILAZAPRIL TAB 5.0MG		
2266377	NOVO-CILAZAPRIL		no change
2280469	PMS-CILAZAPRIL		F
2283794	GEN-CILAZAPRIL	0.5165	P
1911481	INHIBACE	0.5165	no change
	ISOTRETINOIN CAPSULE 10MG		
582344	ACCUTANE		F
2257955	CLARUS		no change
	ISOTRETINOIN CAPSULE 40MG		
582352	ACCUTANE		F
2257963	CLARUS		no change
	MORPHINE SR CAPSULE/TAB 15MG		
2177749	M-ESLON (capsule)		F
2245284	PMS-MORPHINE (tablet)	0.3476	P
2244790	RATIO-MORPHINE SR (tablet)	0.3476	P
2015439	MS CONTIN (tablet)	0.3476	no change
	MORPHINE SR CAPSULE/TAB 30MG		
2019949	M-ESLON (capsule)		F
2245285	PMS-MORPHINE (tablet)	0.5190	P
2244791	RATIO-MORPHINE SR (tablet)	0.5190	P
776181	M O S SR (tablet)	0.5190	no change
2014297	MS CONTIN SR (tablet)	0.5190	no change
	MORPHINE SR CAPSULE/TAB 60MG		
2019957	M-ESLON (capsule)		F
2245286	PMS-MORPHINE (tablet)	0.9217	no change
2244792	RATIO-MORPHINE SR (tablet)	0.9217	P
776203	MOS SR (tablet)	0.9217	no change
2014300	MS CONTIN SR (tablet)	0.9217	no change
	ONDANSETRON TAB 4MG *		
2264056	NOVO-ONDANSETRON		no change
2278529	RATIO-ONDANSETRON		no change
2274310	SANDOZ-ONDANSETRON		no change
2258188	PMS-ONDANSETRON	7.8312	P
2239372	ZOFRAN ODT	7.8312	no change
2213567	ZOFRAN	7.8312	no change

P — Partially covered. F — Fully covered.

* — Requires Special Authority.

Price/Benefit Status Updates, continued

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
	ONDANSETRON TAB 8 MG*		
2264064	NOVO-ONDANSETRON		no change
2278537	RATIO-ONDANSETRON		no change
2274329	SANDOZ-ONDANSETRON		no change
2258196	PMS-ONDANSETRON	11.9531	P
2239373	ZOFRAN ODT	11.9531	no change
2213575	ZOFRAN	11.9531	no change
	TIZANIDINE HCL TAB 4MG *		
2259893	APO-TIZANDINE		no change
2272059	GEN-TIZANIDINE		F
2239170	ZANAFLEX	0.5293	no change
	TOPIRAMATE TAB 25MG †		
2279614	APO-TOPIRAMATE		F
2256827	RATIO-TOPIRAMATE		no change
2248860	NOVO-TOPIRAMATE		no change
2262991	PMS-TOPIRAMATE		no change
2260050	SANDOZ-TOPIRAMATE	0.6865	P
2263351	GEN-TOPIRAMATE	0.6865	P
2230893	TOPAMAX	0.6865	no change
	TOPIRAMATE TAB 100MG †		
2279630	APO-TOPIRAMATE		F
2248861	NOVO-TOPIRAMATE		no change
2256835	RATIO-TOPIRAMATE		no change
2263009	PMS-TOPIRAMATE		no change
2260069	SANDOZ-TOPIRAMATE	1.3011	P
2263378	GEN-TOPIRAMATE	1.3011	P
2230894	TOPAMAX	1.3011	no change
	TOPIRAMATE TAB 200MG †		
2279649	APO-TOPIRAMATE		F
2256843	RATIO-TOPIRAMATE		no change
2248862	NOVO-TOPIRAMATE		no change
2263017	PMS-TOPIRAMATE		no change
2263386	GEN-TOPIRAMATE	2.0597	P
2267837	SANDOZ-TOPIRAMATE	2.0597	P
2230896	TOPAMAX	2.0597	no change

P — Partially covered. F — Fully Covered.

* — Requires Special Authority. † — Not eligible for coverage under Plan G.

New Drugs Categorized to LCA and/or RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Plans B, C, F, I, and, if applicable, Plan G. (For the Plan G formulary, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	MAN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
2279614	APX	APO-TOPIRAMATE (topiramate) 25 mg tablet		F	
2279630	APX	APO-TOPIRAMATE (topiramate) 100 mg tablet		F	
2279649	APX	APO-TOPIRAMATE (topiramate) 200 mg tablet		F	
2269627	OBT	CO NORFLOXACIN (norfloxacin) 400 mg tablet		P	
2270625	OBT	CO SOTALOL (sotalol hydrochloride) 80 mg tablet		P	
2270633	OBT	CO SOTALOL (sotalol hydrochloride) 160 mg tablet		P	
2278359	GPM	GEN-AZITHROMYCIN (azithromycin) 250 mg tablet		F	
2283778	GPM	GEN-CILAZAPRIL (cilazapril) 1 mg tablet		P	
2283786	GPM	GEN-CILAZAPRIL (cilazapril) 2.5 mg tablet		P	
2283794	GPM	GEN-CILAZAPRIL (cilazapril) 5 mg tablet		P	
2272059	GPM	GEN-TIZANIDINE (tizanidine hydrochloride) 4 mg tablet		F	Y
2279894	NOP	NOVO MIRTAZAPINE OD (mirtazapine) 15 mg tablet		F	
2279908	NOP	NOVO MIRTAZAPINE OD (mirtazapine) 30 mg tablet		F	
2279916	NOP	NOVO MIRTAZAPINE OD (mirtazapine) 45 mg tablet		F	
2280442	PMS	PMS-CILAZAPRIL (cilazapril) 1 mg tablet		F	
2280450	PMS	PMS-CILAZAPRIL (cilazapril) 2.5 mg tablet		F	
2280469	PMS	PMS-CILAZAPRIL (cilazapril) 5 mg tablet		F	
2273551	PMS	PMS-FENOFIBRATE MICRO (fenofibrate) 200 mg capsule		P	
2277344	RPH	RATIO TRAZODONE (trazodone hydrochloride) 50 mg tablet		F	
2277352	RPH	RATIO TRAZODONE (trazodone hydrochloride) 100 mg tablet		F	
2277360	RPH	RATIO TRAZODONE (trazodone hydrochloride) 150 mg tablet		F	
2275082	UNK[1]	SANDOZ BUPROPION SR (bupropion hcl) 150 mg tablet		F	Y

1 – Sandoz.

F – Fully covered.

P — Partially covered.

New LCA Categories

The following drugs (including both existing PharmaCare benefits and new PharmaCare benefits) will be included as new LCA Categories on PharmaNet, effective **December 11, 2006**.

NEW CATEGORY (CHEMICAL NAME)	DIN	MAN	BRAND NAME	LCA STATUS	PRICE
bupropion hcl 100 mg tablet	2275074	UNK[2]	SANDOZ BUPROPION SR	F*	
	2237824	UNK[4]	WELLBUTRIN SR	P*	$0.3874
flecainide acetate 50 mg tablet	2275538	APX	APO FLECAINIDE	F	
	1966197	MMH	TAMBOCOR	P	$0.3757
flecainide acetate 100 mg tablet	2275546	APX	APO FLECAINIDE	F	
	1966200	MMH	TAMBOCOR	P	$0.7513
levetiracetam 250 mg tablet	2274183	OBT	CO LEVETIRACETAM	F*	
	2247027	UNK[5]	KEPPRA	P*	$1.1598
levetiracetam 500 mg tablet	2274191	OBT	CO LEVETIRACETAM	F*	
	2247028	UNK[5]	KEPPRA 500 mg tablet	P*	$1.4168
levetiracetam 750 mg tablet	2274205	OBT	CO LEVETIRACETAM	F*	
	2247029	UNK[5]	KEPPRA	P*	$2.0160
midodrine hcl 2.5 mg tablet	2278677	APX	APO-MIDODRINE	F	
	1934392	UNK[3]	AMATINE	P	$0.3112
midodrine hcl 5 mg tablet	2278685	APX	APO-MIDODRINE	F	
	1934406	UNK[3]	AMATINE	P	$0.5188
risperidone oral solution 1 mg/ml	2280396	APX	APO-RISPERIDONE	F	
	2279266	PMS	PMS RISPERIDONE	F	
	2236950	JSO	RISPERDAL	P	$0.8020
risperidone 0.25 mg tablet	2282119	APX	APO RISPERIDONE	F	
	2282585	OBT	CO RISPERIDONE	F	
	2282240	GPM	GEN-RISPERIDONE	F	
	2282690	NOP	NOVO RISPERIDONE	F	
	2252007	PMS	PMS-RISPERIDONE	F	
	2280906	UNK[1]	RAN-RISPERIDONE	F	
	2264757	RPH	RATIO RISPERIDONE	F	
	2279509	UNK[2]	SANDOZ RISPERIDONE	F	
	2240551	JSO	RISPERDAL	P	$0.3014

1 - Ranbaxy Pharmaceuticals Canada Inc
2 - Sandoz
3 - Shire Biochem Inc
4 - Biovail Pharmaceuticals Canada
5 - UCB Inc

F* - Drug is a full benefit if a Special Authority is in place when the prescription is filled.

P* - Drug is a partial benefit if a Special Authority is in place when the prescription is filled.

New LCA Categories, continued

NEW CATEGORY (CHEMICAL NAME)	DIN	MAN	BRAND NAME	LCA STATUS	PRICE
risperidone 0.5 mg tablet	2282127	APX	APO RISPERIDONE	F	
	2282593	OBT	CO RISPERIDONE	F	
	2282259	GPM	GEN-RISPERIDONE	F	
	2264188	NOP	NOVO RISPERIDONE	F	
	2252015	PMS	PMS-RISPERIDONE	F	
	2280914	UNK[1]	RAN-RISPERIDONE	F	
	2264765	RPH	RATIO RISPERIDONE	F	
	2279495	UNK[2]	SANDOZ RISPERIDONE	F	
	2240552	JSO	RISPERDAL	P	$0.5050
risperidone 1 mg tablet	2282135	APX	APO RISPERIDONE	F	
	2282607	OBT	CO RISPERIDONE	F	
	2282267	GPM	GEN-RISPERIDONE	F	
	2264196	NOP	NOVO RISPERIDONE	F	
	2252023	PMS	PMS-RISPERIDONE	F	
	2280922	UNK[1]	RAN-RISPERIDONE	F	
	2264773	RPH	RATIO RISPERIDONE	F	
	2279800	UNK[2]	SANDOZ RISPERIDONE	F	
	2025280	JSO	RISPERDAL	P	$0.6974
risperidone 2 mg tablet	2282143	APX	APO RISPERIDONE	F	
	2282615	OBT	CO RISPERIDONE	F	
	2282275	GPM	GEN-RISPERIDONE	F	
	2264218	NOP	NOVO RISPERIDONE	F	
	2252031	PMS	PMS-RISPERIDONE	F	
	2280930	UNK[1]	RAN-RISPERIDONE	F	
	2264781	RPH	RATIO RISPERIDONE	F	
	2279819	UNK[2]	SANDOZ RISPERIDONE	F	
	2025299	JSO	RISPERDAL	P	$1.3924
risperidone 3 mg tablet	2282151	APX	APO RISPERIDONE	F	
	2282623	OBT	CO RISPERIDONE	F	
	2282283	GPM	GEN-RISPERIDONE	F	
	2264226	NOP	NOVO RISPERIDONE	F	
	2252058	PMS	PMS-RISPERIDONE	F	
	2280949	UNK[1]	RAN-RISPERIDONE	F	
	2264803	RPH	RATIO RISPERIDONE	F	
	2279827	UNK[2]	SANDOZ RISPERIDONE	F	
	2025302	JSO	RISPERDAL	P	$2.0887

1 - Ranbaxy Pharmaceuticals Canada Inc. 2 – Sandoz

New LCA Categories, continued

NEW CATEGORY (CHEMICAL NAME)	DIN	MAN	BRAND NAME	LCA STATUS	PRICE
risperidone 4 mg tablet	2282178	APX	APO RISPERIDONE	F	
	2282631	OBT	CO RISPERIDONE	F	
	2282291	GPM	GEN-RISPERIDONE	F	
	2264234	NOP	NOVO RISPERIDONE	F	
	2252066	PMS	PMS-RISPERIDONE	F	
	2280957	UNK[1]	RAN-RISPERIDONE	F	
	2264811	RPH	RATIO RISPERIDONE	F	
	2279835	UNK[2]	SANDOZ RISPERIDONE	F	
	2025310	JSO	RISPERDAL	P	$2.7850

1 - Ranbaxy Pharmaceuticals Canada Inc. 2 - Sandoz

The following new products are now eligible benefits under the Limited Coverage Program—by Special Authority only—for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P. For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	MAN	DRUG NAME	PLAN G	PLAN P
2274183	OBT	CO LEVETIRACETAM (levetiracetam) 250 mg tablet	N	N
2274191	OBT	CO LEVETIRACETAM (levetiracetam 500 mg tablet	N	N
2274205	OBT	CO LEVETIRACETAM (levetiracetam 750 mg tablet	N	N
2272059	GPM	GEN-TIZANIDINE (tizanidine hydrochloride) 4 mg tablet	N	N
2282941	RPH	RATIO-FENTANYL (fentanyl) 25 mcg transdermal patch	N	Y
2282968	RPH	RATIO-FENTANYL (fentanyl) 50 mcg transdermal patch	N	Y
2282976	RPH	RATIO-FENTANYL (fentanyl) 75 mcg transdermal patch	N	Y
2282984	RPH	RATIO-FENTANYL (fentanyl) 100 mcg transdermal patch	N	Y
2275074	UNK[1]	SANDOZ BUPROPION SR (bupropion hcl) 100 mg tablet	[4]	Y
2275082	UNK[1]	SANDOZ BUPROPION SR (bupropion hcl) 150 mg tablet	[4]	Y

1 – Sandoz

4 – Drug is eligible for coverage under Plan G only if PharmaCare Special Authority is in place when the prescription is filled.